

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 02/21/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/24/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	581	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	108	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	160	914	1306	392
		191	92	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404904	WESTERN HIGHLAN DS LME	8599	1724	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	951	DUPLICATE OF CLAIM-SYSTEM	295	3359	24216	20857
		8931	187	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	1219	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	1773	4922	3149
		8800	130	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	638	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	655	659	4
3404913	MECKLENBURG COM ENTAL HEALT	8329	652	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8933	418	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	902	2199	7221	5022
		8935	388	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOBAL HEAL	21	322	DUPLICATE OF CLAIM-SYSTEM				
		8599	176	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	872	11404	10532
		8517	143	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				

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3404917	CENTERPOINT HUM AN SERVICES	8599	570	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	492	CLIENT NOT ELIGIBLE ON SERVICE DATE	44	1484	2680	1196
		21	327	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	166	1439	1273
		21	25	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8621	81	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		21	37	DUPLICATE OF CLAIM-SYSTEM	2	171	4359	4188
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1230	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8600	68	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	1378	1691	313
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	5312	1427	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	285	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	42	2172	5012	2840
		8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	5404	56	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	123	1543	1331
		7702	17	IPRS DOES NOT ACCEPT ONE OR MO RE OF THE BILLED MODIFIERS PLEASE CORRECT THE MODIFIER IN				

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3404925	SANDHILLS CENTE R FOR MH/DD	21	2987	DUPLICATE OF CLAIM-SYSTEM				
		8505	2283	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	394	12056	21465	9409
		8518	2129	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404926	SOUTHEASTERN RE G MENTAL HL	8931	1227	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
		8599	920	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2228	6041	12813	6772
		8935	872	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404927	CUMBERLAND CO M HC	8599	2143	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	297	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	2464	2965	501
		8800	7	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	11	86	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	38	DUPLICATE OF CLAIM-SYSTEM	0	162	413	251
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	159	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	23	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	186	189	3
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404931	WAKE CO HUM SVC BILLING OF	11	3024	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	3046	3131	85
		8950	4	CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	157	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	62	CLIENT NOT ELIGIBLE ON SERVICE DATE	17	328	2807	2460
		8329	24	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	11	90	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	81	DUPLICATE OF CLAIM-SYSTEM	2	228	1010	782
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	379	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	394	1114	720
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	27	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	9	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	52	2359	2307
		21	6	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS TONE COUNSE	24	24	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	15	50	1124	1074
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	215	2221	2006
		8622	27	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	PITT CO MH/DD/S AS CENTER	11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	57	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1	178	178	0
		8329	25	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404942	ROANOKE CROWANNE UMAN SERVIC	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	41	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	110	573	463
		21	8	DUPLICATE OF CLAIM-SYSTEM				

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3404943	ALBEMARLE MENTAL HEALTH CE	21	2350	DUPLICATE OF CLAIM-SYSTEM				
		8931	54	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	78	2814	3642	756
		537	46	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404944	EASTPONTE HUMAN SERVICES	8599	241	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	96	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	67	426	4708	4282
		8931	33	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	11	305	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	18	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	337	727	390
		191	11	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8599	375	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	124	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	132	535	6004	5469
		21	28	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREA H/DO/SA PRO	8599	156	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	116	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	128	406	2729	2112
		11	57	CLIENT NOT ELIGIBLE ON SERVICE DATE				